Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | 1-24-20014 | Address: | NONE VEHICLE | |
|--|--|---|---|--|
| Incident #: | 14ISPC000602 | | SEARCH | |
| County: | ORANGE | | | |
| Type of Lab | oratory Seizure (check one) | Seizure Location | izure Location (check all that apply) | |
| ☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only) | | Residence Outbuilding Vehicle | ☐ Hotel/Motel ☐ Open – No Structure ☐ Other: | |
| (check all that | l: Location (bedroom, kitchen, open air, apply) or Birch Reaction(s): | <u>etc)</u> | | |
| Red Phosphorous/Iodine Reaction(s): | | | | |
| Hydrochloric Acid Gas Generator(s): | | | | |
| ☐ Flammable Solvents: BACK PACK | | | | |
| Water Reactive Metal (Lithium): <u>BACK PACK</u> | | | | |
| Anhydrous Ammonia: | | | | |
| Corrosive Acid: BACK SEAT | | | | |
| Corrosive Base: | | | | |
| Other (item and location): EXTRACTION BACK PACK | | | | |
| Vehicle Info | rmation: | | | |
| Owner: VIN: Year: | DUSTIN TAYLOR 1NXBR12E922653043 2002 | Make: Model: | TOYOTA COROLLA | |
| Child under age 18 discovered (check appropriate) Yes (number present) No Children not present but evidence they reside or visit often | | Living condi unclean Estimated let occurring: | Estimated length of time manufacturing had been | |
| This report l | has been faxed* or emailed to the fo | ollowing agencies that | at serve the location: | |
| Fire Departm Health Depar | ent City, Township or County PAOL tment County: ORANGE CO | Fax: 812 7 Fax: 812 7 | Fax: 812 723 2417 Fax: 812 723 7117 Odcs.in.gov Fax: 317-234-7595 or 317-234-7596 | |
| | ormation regarding this methampheta Officer: <u>Paul Andry</u> Phon | mine laboratory, cont ne <u>812 459 2239</u> | act | |

^{*}This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.